

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 13

ROSELAND COMMUNITY HOSPITAL ASSOCIATION<sup>1</sup>

Employer

And

SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 73-HC

Petitioner

Case 13-RC-20778

**DECISION AND DIRECTION OF ELECTION**

Upon a petition duly filed under Section 9(c) of the National Labor Relations Act, as amended, a hearing was held before a hearing officer of the National Labor Relations Board; hereinafter referred to as the Board.

Pursuant to the provisions of Section 3(b) of the Act, the Board has delegated its authority in this proceeding to the undersigned.

Upon the entire record<sup>2</sup> in this proceeding, the undersigned finds:

1. The hearing officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed.

2. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction herein.<sup>3</sup>

3. The labor organization(s) involved claim(s) to represent certain employees of the Employer.

4. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.

5. The following employees of the Employer constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act:<sup>4</sup>

All full-time and regular part-time Admitting Service Representatives, Licensed Practical Nurses<sup>5</sup>, OB Technicians, Orderlies/Transporters, Physical Therapy Aides, ICU Technicians, Nursing Assistants, Patient Care Technicians, Environmental Service Aides, Environmental Service Workers, Cooks, Dietary Workers, Dietetic Technicians, Dietary Clerks, Dietary Storeroom Clerks, Emergency Room Nurse Technicians, Clerks/Phlebotomists, Groundskeepers, Pharmacy Technicians, Special Procedures Technicians, Radiology Technicians, Ultrasound Technicians, Material Handlers, Van Drivers, Sterile Processing Department Technicians, Operating Room Technicians, Radiology Registrars, Detox Counselors, Medical Assistants, Lead Material Handlers, HIV Counselors II, Nutrition Advocates (WIC), Receptionists (WIC), Transportation Coordinators, Cardiac Technicians, Case Finders Special Population, Unit Secretaries, Charge Clerk-Phlebotomist, Medical Laboratory Technicians, Histology Technologist, Cardio-Pulmonary Technicians/Respiratory Therapists, Outreach Workers, Lead Dietary Workers, Lead Environmental Service Workers, Medical Records Clerks, Medical Records Clerks (Statistician), Medical Records Assembler/Analysts, Incomplete Records Processors, Medical Records Correspondence Clerks, Medical Records Technicians (Coder), DRG Coordinators, Switchboard Operators, Lead Switchboard Operators, Radiology Clerks, Radiology Transcriptionists, Radiology Secretary and all in-house registry employees employed by the Employer at its facilities currently located at 45 W. 111<sup>th</sup> Street, Chicago, Illinois (Roseland Community Hospital), 1701 West

Monterey, Chicago, Illinois (Monterey Health Center/Local Center) and 101 W. 111<sup>th</sup> Street, Chicago, Illinois (Women Infant Children's Program); but excluding all Licensed Nurse Practitioners, Executive Assistants, Chief Medical Laboratory Technicians, Charged Ultrasound Technicians, Charged CT Technicians, Medical Records Coordinators, Admitting Coordinators, Administrative Secretaries, Purchasing Assistants, Lead SPD Technicians, Case Managers, Special Populations, Preventative Case Managers, Mental Health Social Workers, all Fair Program Employees, Medical Technologists, Lead Operating Engineers, Operating Engineers, business office clerical employees, registered nurses, physicians, other professionals, guards, and supervisors as defined in the Act.

#### **DIRECTION OF ELECTION\***

An election by secret ballot shall be conducted by the undersigned among the employees in the unit(s) found appropriate at the time and place set forth in the notice of election to be issued subsequently, subject to the Board's Rules and Regulations. Eligible to vote are those in the unit(s) who were employed during the payroll period ending immediately preceding the date of this Decision, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Also eligible are employees engaged in an economic strike which commenced less than 12 months before the election date and who retained their status as such during the eligibility period and their replacements. Those in the military services of the United States may vote if they appear in person at the polls. Ineligible to vote are employees who have quit or been discharged for cause since the designated payroll period, employees engaged in a strike who have been discharged for cause since the commencement thereof and who have not been rehired or reinstated before the election date, and employees engaged in an economic strike which commenced more than 12 months before the election date and who have been permanently replaced. Those eligible shall vote whether or not they desire to be represented for collective bargaining purposes by Service Employees International Union, Local 73-HC.

#### **LIST OF VOTERS**

In order to insure that all eligible voters may have the opportunity to be informed of the issues in the exercise of their statutory right to vote, all parties to the election should have access to a list of voters and their addresses, which may be used to communicate with them. *Excelsior Underwear, Inc.*, 156 NLRB 1236 (1966); *N.L.R.B. v. Wyman-Gordon Company*, 394 U.S. 759 (1969); *North Macon Health Care Facility*, 315 NLRB 359, fn. 17 (1994). Accordingly, it is hereby directed that within 7 days of the date of this Decision 2 copies of an election eligibility list, containing the full names and addresses of all of the eligible voters, shall be filed by the Employer with the undersigned Regional Director who shall make the list available to all parties to the election. In order to be timely filed, such list must be received in **Suite 800, 200 West Adams Street, Chicago, Illinois 60606** on or before July 5, 2002. No extension of time to file this list shall be granted except in extraordinary circumstances, nor shall the filing of a request for review operate to stay the requirement here imposed.

#### **RIGHT TO REQUEST REVIEW**

Under the provisions of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board, addressed to the **Executive Secretary, Franklin Court Building, 1099-14th Street, N.W., Washington, D.C. 20570**. This request must be received by the Board in Washington by July 11, 2002.

**DATED** June 27, 2002 at Chicago, Illinois.

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Regional Director, Region 13

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\*/ The National Labor Relations Board provides the following rule with respect to the posting of election notices:

(a) Employers shall post copies of the Board's official Notice of Election in conspicuous places at least 3 full working days prior to 12:01 a.m. of the day of the election. In elections involving mail ballots, the election shall be deemed to have commenced the day the ballots are deposited by the Regional Director in the mail. In all cases, the notices shall remain posted until the end of the election.

(b) The term "working day" shall mean an entire 24-hour period excluding Saturdays, Sundays, and holidays.

(c) A party shall be estopped from objection to nonposting of notices if it is responsible for the nonposting. An employer shall be conclusively deemed to have received copies of the election notice for posting unless it notifies the Regional Director at least 5 working days prior to the commencement of the election that it has not received copies of the election notice.

1/ The names of the parties appear as amended at the hearing.

2/ The arguments advanced by the parties at the hearing have been carefully considered.

3/ The Employer is a corporation engaged in providing acute health care services.

4/ The Petitioner seeks to represent a unit of all full time and regular part time service and maintenance, technical, and other non-professional employees employed by the Employer at its facilities located at 45 W. 111<sup>th</sup> Street, Chicago, Illinois (Roseland Community Hospital), 1701 W. Monterey, Chicago, Illinois (Monterey Health Center/Lock Center), and 101 West 111<sup>th</sup> Street, Chicago, Illinois (Women Infant Children's Program); but excluding all business office clerical employees, registered nurses, physicians, other professionals, guards and supervisors as defined by the Act. The Petitioner estimates that the petitioned for unit is comprised of two hundred and twenty (220) employees.

The parties have stipulated that the following classifications are appropriately included in the petitioned for unit: Admitting Service Representative, Licensed Practical Nurses, OB Technicians, Orderlies/Transporters, Physical Therapy Aides, ICU Technicians, Nursing Assistants, Patient Care Technicians, Environmental Service Aides, Environmental Service Workers, Cooks, Dietary Workers, Dietetic Technicians, Dietary Clerks, Dietary Storeroom Clerks, Emergency Room Nurse Technicians, Clerks/Phlebotomists, Groundskeepers, Pharmacy Technicians, Special Procedures Technician, Radiology Technicians, Ultrasound Technicians, Material Handlers, Van Drivers, Sterile Processing Department Technicians, Operating Room Technicians, Radiology Registrars, Detox Counselors, Medical Assistants, Lead Material Handlers, HIV Counselors II, Nutrition Advocates, Receptionists, Transportation Coordinators, Cardiac Technicians, Case Finders Special Population, Unit Secretaries, Charge Clerk/Phlebotomist, Medical Laboratory Technicians, Histology Technologist, Cardio-Pulmonary Technicians/Respiratory Therapists, Outreach Workers and all in-house registry employees who work solely for the Employer.

The Parties have stipulated that the following classifications are appropriately excluded from the petitioned for unit: Executive Assistance, Chief Medical Laboratory Technicians, Charge Ultrasound Technicians, Charge CT Technicians, Medical Records Coordinators, Admitting Coordinators, Administrative Secretaries, Purchasing Assistants, Lead SPD Technicians, Case Managers, Special Populations, Preventative Case Managers, Mental Health Social Workers, all Fair Program Employees, and Medical Technologists. The parties have also stipulated that the Laboratory Secretary, Staffing Clerk, and Special Services Liaisons, a total of four employees, will vote subject to challenge.

Contrary to the Petitioner, the Employer contends that the following positions are business office clerical and thus properly excluded from the petitioned for unit: Medical Records Clerks, Medical Records Clerk Statisticians, Medical Records Assembler/Analysts, Incomplete Records Processors, Medical Records Correspondence Clerks, Medical Records Technicians (Coders), Medical Records DRG Coordinators, who work in the Medical Records Department; Switchboard Operators, Radiology Clerks, Radiology Transcriptionists, and Radiology Secretaries. Further, the Employer contends that the following employees are supervisors with the meaning of Section 2(11) of the Act and should be excluded from the unit: Lead Dietary Workers Gloria Stallsworth and

Melva Moore, Lead Environmental Service Worker Donald Coleman, and Lead Switchboard Operator Ivy Anderson. It should be noted that the parties stipulated that Environmental Service Lead Worker Annie Hoskins is a supervisor within the meaning of Section 2(11) of the Act and thus statutorily excluded from the unit, while Environmental Service Lead Worker LaSalle Lyons is not a supervisor and thus appropriately within the petitioned for unit. Finally, the Employer argued that as the petitioned for unit is a combined unit under the Board's Health Care Rule, it is not appropriate under the circumstances of the instant case.

## **I. FACTS**

### **A. MEDICAL RECORDS DEPARTMENT**

There are a total of eight non-professionals in the Medical Records Department, and one professional employee, the Medical Records Coordinator, whom the parties stipulated was not appropriately in the petitioned for unit. The non-professional employees are employed in the following classifications: Medical Records Clerk, Medical Records Clerk (Statistician), Medical Records Assembler/Analysts, Incomplete Record Processor, Medical Records Correspondence Clerk, Medical Records Technician (Coder), and a Medical Records DRG coordinator. The Vice President of Professional Services, Gloria Hardin, who oversees the Medical Records Department, testified that these employees work in an assembly line of sorts to complete the common goal of ensuring that the Employer is reimbursed for the provided patient care by correctly coding all services. In addition to the above duties, Betty Garrett, Medical Records Correspondence Clerk, testified that each non-professional employee is assigned one day a week in which they are responsible for "previous charts." This entails investigating whether a new admission has previously been a patient, retrieving any previous records and delivering them to the floor in which the patient now resides. Garrett estimates that when assigned to "previous charts", approximately 40-60% of her day is consumed with this task. The non-professional employees of the Medical Records Department do not receive cross training for any position outside of the Department. It is required that they possess knowledge of medical terminology.

Four months ago the Medical Records Department was under the Finance Division and supervised by the Chief Financial Officer, Nelson Vasquez. Hardin testified that the Employer reorganized, in part, because the functions of the Medical Records Department are more consistent with those performed by the Professional Services Departments, such as Quality Management, Utilization Review, Risk Management and Security, and Communications, than those performed by Finance, such as the Billing or Patient Accounts Department, Accounts Receivable, and Payroll. The Finance Department is located across the street from the Hospital, while the Medical Records Department is located on the first floor of the Hospital. Also located on the first floor of the Hospital are the Radiology Department, the Pharmacy, the Admitting Department and the Switchboard Operators.

**1. Medical Records Clerk**

There are two Medical Records Clerks, Rhonda Armstrong and Tamara Darden. The Medical Records Clerks are responsible for logging, sorting, and retrieving files and abstracting various medical records and reports. Harden stated that the Medical Records Clerk is responsible for ensuring that the patient's records are correctly filed. In addition, the Medical Records Clerk ensures accurate reporting of the daily census by keeping a correct record of discharges.

**2. Medical Records Clerk (Statistician)**

Latoya Cross, the Medical Records Clerk (Statistician), creates statistical reports for internal and external entities regarding inpatient and outpatient services. The Employer conducts peer reviews of physicians' charts. A peer review is the process by which a group of physicians review other physicians' charts to ensure that they are complying with the standards of quality care. The Medical Records Clerk (Statistician) is responsible for generating, maintaining and disseminating the statistical analysis used to conduct peer reviews.

**3. Medical Records Assembler/Analyst**

Katrina Green, the Medical Records Assembler/Analyst, assembles the patient chart, ensures that all the necessary pieces of information are included and signed before it is given to the coders. To complete this task, the Records Assembler/Analyst must interact with physicians, nurses and laboratory technicians.

**4. Medical Records Incomplete Records Processor**

Willie Sanders, the Medical Records Incomplete Records Processor, is responsible for ensuring that the history and physical information, or any type of physician dictation, is included in the patient chart. If a chart is found deficient, it is the duty of the Incomplete Records Processor to contact and encourage physicians and/or laboratory staff to provide the necessary information. In addition, the Incomplete Records Processor is responsible for monitoring the number of times a physician appears on the suspension list. Physicians on the suspension list cannot admit patients to the Hospital. The Employer thus loses the revenue generated by that physician's admissions. Hardin testified that the Incomplete Records Processor is in continual contact with physicians and other health care providers.

**5. Medical Records Correspondence Clerk**

Betty Garrett, the Medical Records Correspondence Clerk, is responsible for handling any requests for and the release of medical and treatment information to discharged patients or third parties, such as patient's family, patient's attorney, and the Social Security Office or insurance companies. In the event that a discharged patient is requesting information, the Medical Records Correspondence Clerk must verify the

identity of the patient in person. In those circumstances, Garrett personally removes the needed information from the patient's chart, copies and delivers the information to the patient in the lobby. In the event that a third party is requesting information, Garrett enters the request into the computer and forwards the file to an independent copy service to extract, copy and deliver the necessary information. In the event that the Medical Records Correspondence Clerk is absent, another member of the Medical Records Department would handle any requests by the public.

#### **6. Medical Records Technician (Coder)**

Susan Murphy, the Medical Records Technician (Coder), is primarily responsible for coding the patient file using universal inpatient and outpatient classification systems for reimbursement. In reviewing the patient file, if any issues or questions arise, the Coder will directly contact either the physician or the utilization review, which is made up of nurses who routinely review charts to ensure that patients do not exceed the appropriate length of stay for their particular diagnosis, to remedy the problem. In addition, Murphy is also responsible for completing external reports for state agencies, regarding the frequency of tumors, head and spinal cord injury, and domestic violence/sexual assault.

#### **7. Medical Records DRG Coordinator**

Katherine Martinez, the Medical Records DRG Coordinator, essentially performs the same tasks as the Medical Records Technician. However, if Medicare or Medicaid rejects a bill, the DRG Coordinator has the authority to work with the patient's physician, the laboratory or appropriate health care provider to remedy any claim deficiency and resubmit the claim.

### **B. RADIOLOGY CLERKS, TRANSCRIPTIONIST AND SECRETARY**

The Radiology Department of the Hospital employs Radiology Clerks, a Radiology Transcriptionist, a Radiology Secretary, Special Procedures Technicians, Charge Ultrasound and Ultrasound Technicians, an Orderly/Transporter, Radiology Technicians, the Radiology Registrar and a Radiologist. The Radiology Department, located on the first floor of the Hospital, provides twenty-four hour services to patients. The Director of Imagery and Laboratory Services supervises all non-professional employees in the Radiology Department. The function of the Radiology Department is to take inpatient and outpatient x-rays and make a diagnosis based upon that x-ray and forward the diagnosis to the patient's physician.

#### **1. Radiology Clerks**

There are four Radiology Clerks, Gerald Grant, Nicole Smith, Maricella, and Marshall Stewart. At least one Radiology Clerk is on duty at all times. LaJewell Thompson, Interim President and CEO, testified that the Radiology Clerks are primarily responsible for collecting the proper patient x-ray and creating patient case files for the radiologist to review. In the event the x-ray was taken for a previous patient, the

Radiology Clerk must locate the patients past file and consolidate the two files. In addition, the Radiology Clerk must purge obsolete patient files. Grant and Thompson both testified that the Radiology Clerks perform the above duties approximately 95% of their shift. The remaining 5% is consumed with dealing directly with patients when substituting for the Registrar, answering phones, faxing documents, transporting patients, and assisting laboratory technicians by either maintaining the equipment in the dark room, processing x-ray film or aiding with patients. Grant estimated that in performing the above duties, he interacted many times a day with the laboratory technicians, radiologists and transcriptionists. Grant further testified that he had no contact with the Billing Department.

## **2. Radiology Transcriptionists and Radiology Secretary**

There are two Radiology Transcriptionists, Mary Gibbs and Rosiland Bansfield, and one Radiology Secretary, Armeasie Dotson. Dotson performs Transcriptionist duties approximately 75% of the time. Thompson testified that after the Radiologist receives the patient file from the Radiology Clerk, he dictates and releases a report onto a computer system. The Radiology Transcriptionist or Radiology Secretary then retrieves the physician's reports, transcribes it and distributes the report via computer to the designated nursing area. In addition, the Radiology Transcriptionists/Secretary answers the telephone, gives oral reports to patients' attending physicians, and answers requests to mail copies of x-ray reports and/or films. The Radiology Transcriptionists have a desk workstation in an office located adjacent to the Radiology treatment area. These positions require knowledge of Medical Terminology and a course in transcription. Thompson testified that the Radiology Transcriptionists/Secretary has no patient care duties. In addition, to the transcription duties, the Radiology Secretary has clerical duties such as typing memos, letters and preparing exhibits and compiling charts for departmental policies and procedures.

## **C. SWITCHBOARD STAFF**

The Hospital's Telecommunications Department is made up of three Switchboard Operators, Elizabeth Evans, Paula Jones, and Julie Coachmen, and one Lead Switchboard Operator, Ivy Anderson in the Telecommunications Department, hereinafter referred to collectively as the "Switchboard Staff." Frenchie Johnson, Director of Risk Management Services, oversees the Switchboard Operators and the Security staff. Johnson reports directly to Harden, Vice President of Professional Services. The Switchboard Staff works in three shifts from 7 a.m. to 11:30 p.m. Ivy Anderson regularly works from 7 a.m. until 3 p.m. Julia Coachmen regularly works from 10 a.m. to 6 p.m. The hours of the remaining two switchboard operators are unclear. However, Johnson testified that there is another shift from 3 p.m. to 11:30 p.m. In addition, the record indicates that Elizabeth Evans is a part-time employee.

The Switchboard Staff work out of an office on the first floor of the Hospital. The office is enclosed by glass facing the lobby. This office is shared with two financial planners. The two financial planners report indirectly to the CFO, through the Director of Patient Accounts. The office of the CFO, and the remaining financial employees, is



located across the street from the Hospital with the remainder of the financial departments.

Johnson testified that approximately 90% of the Switchboard Operators time is consumed by answering and screening outside calls, relaying calls to the proper department and/or holding calls if necessary. Johnson stated that about 5% of the Switchboard Operators time is consumed by answering and screening in-house calls, taking messages, paging, and completing calls of patients needing assistance. Finally, Johnson testified that the remaining 5% is consumed by sorting mail. Coachman testified that hospital employees bring incoming and outgoing mail to the Switchboard Staff an average of ten (10) times a day. The Switchboard Staff then counts the mail and places it in the appropriate slot. In addition to the above duties, the evidence tends to show that the Switchboard Staff distributes payroll to the Housekeeping staff, places long distance phone calls for most areas of the Hospital, provides in-house extensions to callers, and provides directions and aid to visitors and patients who do not reach the Information Desk. Although the Switchboard staff is not trained for and does not perform the duties of any other Hospital position, on weekends and during break times, the switchboard functions are performed by personnel in the admitting area.

#### **D. LEAD SWITCHBOARD OPERATOR**

The Employer argues that Anderson is a supervisor under Section 2(11) of the Act. Johnson testified that while approximately 70-75% of Anderson day is comprised of serving as an Switchboard Operator, 25-30% of her day is spent taking care of management functions, such as scheduling, granting time off and overtime, covering shifts, reviewing time cards, and giving input towards evaluations and discipline.

The record supports the finding that Anderson creates the Switchboard Staff schedule. This she does on a three-month basis, taking into account regularly scheduled days off, vacation schedules and educational seminars. If a Switchboard Operator desires an additional day off, they must present Anderson with a request, which is ultimately approved by Johnson. There are three shifts each day and a total of four employees. It appears that both Anderson and Coachman regularly work the same shift. There is no evidence on the record as to whether Evans and Jones regularly work any particular shift. Both Johnson and Coachman testified that the Switchboard Staff rotate holidays evenly. If a Switchboard Operator makes a request to alter the rotation Anderson would be responsible for adjusting the schedule to accommodate the request. However, Johnson testified that she must approve any change to the holiday rotation or resolve any scheduling conflict between the Switchboard Staff.

Johnson testified that Anderson is also responsible for handling any changes to the schedule. Coachman testified that if she needs to change her schedule, she simply contacts Evans to try to arrange a cover or a switch. If Evans is willing to switch, Coachman notifies Anderson of the change. Johnson testified that in the event a Switchboard Operator does not arrive to their shift or becomes ill while working, Anderson has the authority to call in a replacement. However, there is no evidence that Anderson would be notified if an employee did not show up to the third shift. For the second shift, Anderson's only options would be to get in touch with the one remaining Switchboard Operator and request that she voluntarily come in, or work the shift herself.

Johnson testified that Anderson does not have the authority to require a Switchboard Operator to come in.

There is no evidence that Anderson has the authority to hire, fire or issue any formal discipline. Although Johnson testified that Anderson would have the authority to send a Switchboard Operator home in the event of an egregious act of misconduct, there is not evidence that this has ever occurred. Johnson stated however, that Anderson would not have the authority to suspend or issue written discipline. Likewise, Johnson testified that if a discipline issue ever arose, Anderson would have the authority to recommend a course of action. However, this has never occurred. In addition, Johnson testified that Anderson would not have the authority to conduct an independent investigation of the incident. Finally, Johnson testified that she has issued all verbal discipline in the Telecommunication Department since her tenure began.

Johnson testified that she consults Anderson before issuing an evaluation to the Switchboard Operators. It is unclear from the record, however, whether any evaluations have issued since Johnson's tenure began. There is no evidence on the record that Anderson has in fact participated in the evaluation process in the past. Further, the evaluations are written and signed by Johnson, who then meets with the Switchboard Staff individually to discuss their evaluation.

As stated above, Anderson regularly works from 7 a.m. to 3 p.m. five days a week. Julia Coachman works from 10 a.m. until 6 p.m. Thus, Anderson only works one half of her shift with another Switchboard Operator. Coachman testified that when the two work together, Anderson performed the same duties as she does.

#### **E. LEAD ENVIRONMENTAL SERVICE WORKER**

There are three Lead Environmental Service Workers, hereinafter "LESW," LaSalle Lyons, Donald Coleman and Annie Hoskins. The parties have stipulated that LaSalle Lyons is not a Section 2(11) supervisor and thus, appropriately within the petitioned for unit. In addition, the parties stipulated that Annie Hoskins is a Section 2(11) supervisor and thus, not appropriately within the petitioned for unit. However, the parties were unable to come to an agreement as to Coleman's supervisory status.

The Environmental Service Department handles all day-to-day cleaning functions. Including the LESWs, there are the equivalent of 21 hourly full-time Environmental Service Workers. The LESWs receive higher hourly pay than the other Environmental Service Workers, hereinafter "ESWs." The record is unclear as to whether the LESWs have an office. The ESWs and LESWs all wear the same uniforms. The three LESWs report to the salaried Environmental Services Supervisor, Charles Champaign, who the parties stipulated was a supervisor within the meaning of Section 2(11) of the Act. Champaign in turn reports to Mark Hanicits, Director of Plant Operations.

Thompson testified that Champaign worked the day shift, which approximately begins at 9-10 a.m. and ends at 5-6 p.m. Lyons works 11 p.m. to 7 a.m. and is the only Environmental Service Worker on duty at this time. Coleman works from 6 a.m. until 2 p.m. Hoskins works only weekends. The bulk of the ESWs work from 6 a.m. to 1 p.m.

Champaign creates the schedule for all ESWs and LESWs. This schedule includes the specific floor assignment. The ESWs do not rotate assignment. However, Thompson testified that if an ESW does not arrive to their scheduled shift, the supervisor on duty would determine whether another ESW must be called in. In the absence of a

supervisor, the LESW on duty makes the determination. However, the ESW can refuse to come in when not scheduled. In addition, Thompson testified that a LDSW could ask an ESW to stay overtime. However, Thompson agreed that Coleman probably would not make that decision, as Champaign would be present.

Thompson testified that the LESW has sole discretion to prioritize assignments and reassign ESWs if the need arises. However, there is no evidence on record that Coleman has actually prioritized and/or reassigned ESWs. In addition, Thompson testified that the LESWs have authority to suspend an employee without pay. However, Thompson, who testified that she was aware of other disciplinary actions in the Department, could not recall whether Coleman ever disciplined any ESW. Thompson further testified that Hanicits signs off on all ESW evaluations. However, she stated that he uses information provided by Champaign, Hoskins, Lyons and Coleman to draft the evaluations. The extent to which this may have occurred with Coleman is not clear in the record. Thompson initially stated that the LESWs interview applicants, but later changed his testimony and stated that Champaign conducts the interviews. Finally, although Thompson stated that it could happen that a LESW would join Champaign while interviewing, there was no evidence presented that Coleman has actually participated in the hiring process.

#### **F. LEAD DIETARY WORKER**

There are two Lead Dietary Workers, hereinafter “LDWs”, Gloria Stallsworth and Melva Moore. Including the two LDWs there are 15 full time equivalent non-professional employees in the Dietary Department. The LDWs have a higher hourly pay than the other Dietary Workers. The LDWs do not have an office. All Dietary Workers wear the same uniform. In addition, there are two professional Dietary supervisors, who the parties stipulated were supervisors within the meaning of Section 2(11) of the Act, Renee Jordon and Bernice Virgil. The Dietary Supervisors report to Diane Nenly, Director of Department of Nutritional Services. The Dietary Workers are responsible for preparing the patient food trays.

Nealy creates the schedule for the Dietary Supervisors. Thompson testified that the Dietary Supervisors might be assigned any of the following shifts: 5 a.m. to 1 p.m.; 6 a.m. to 2 p.m. or 11 p.m. to 7 a.m. The Dietary supervisors in turn create the schedule for the Dietary Workers, LDWs included. The evidence indicates that the LDWs could be assigned various shifts but are often scheduled after 5 p.m. or on weekends. The schedule specifies both the assigned shifts and the assigned stations. The record is unclear as to the number of assigned stations. Thompson testified that the only time a Dietary Worker would be reassigned to a different station is if another employee did not appear for their shift. In that event that a Dietary Supervisor is unavailable, the LDW would be responsible for reassigning the work or calling in another Dietary Worker. If the LDW could not find another Dietary Worker to replace the missing employee, the LDW would then work the shift themselves.

Thompson testified that the LDWs have authority to independently suspend an employee without pay and make a recommendation as to discipline. Thompson presented one example of Hoskins sending two Dietary Workers home and recommending termination. In that case, the Director conducted an independent

investigation before the suspension was upheld and discipline issued. Although, Thompson testified that Hoskins has disciplined employees on several occasions, it is unclear as to whether her actions were ever taken independently.

Thompson testified that the LDWs participate in the hiring process by interviewing and making recommendations to the Director. However, there is no evidence as to what weight is given to the LDWs' recommendations. Thompson could not recall whether any employee had ever been hired having only interviewed with a LDW. In addition, Thompson testified that the LDWs participate in the evaluation process by giving the Department Director input. Thompson testified that she believes the Director asks the Dietary Supervisors and LDWs about employees before drafting the evaluations. However, Thompson testified that she was not sure whether all evaluations are dealt with in this manner. The employee evaluation forms do not contain a space for LDW comments.

The Dietary Supervisors handle all formal new employees training, although LDWs may review the job functions and equipment used with new hires. Dietary Supervisors must approve and schedule all paid time off. Finally, the evidence indicates that if a Dietary Supervisor is present, the LDW performs the same duties as the remaining Dietary Workers.

## **G. OPERATING ENGINEERS**

Thompson testified that the five Operating Engineers and one Lead Operating Engineer work in the Department of Plant Operations located in the basement of 45 W. 111<sup>th</sup> Street Building. The Operating Engineers and Lead Operating Engineers report to the Director of Plant Operations, who in turn reports to the Vice President of Finance. Other than an Operating Engineer job description, the parties have provided no other evidence regarding the Operating Engineers or Lead Operating Engineer.

## **II. ANALYSIS**

### **A. BUSINESS OFFICE CLERICALS**

In its health care rulemaking, the Board recognized the distinction between business office clerical and other types of clericals. 29 CFR Part 103, 284 NLRB 1516, 1562, and 1580. The Board noted that business office clericals, hereinafter “BOCs”, are generally supervised separately in separate BOC Departments. *Id.* at 1563. This separation resulted from almost universal centralization of business office functions. *Id.* at 1562. BOCs often have little to no interaction with other non-professional employees because their offices are physically isolated. *Id.* at 1563. In addition, BOCs are primarily responsible for a hospital’s financial and billing practices often dealing with Medicaid, Medicare and insurance reimbursements. *Id.* at 1562.

**1. Medical Records Clerk, Clerk (Statistician), Assembler/Analyst, Incomplete Records Processor, Correspondence Clerk, Technician (Coder) and DRG Coordinator.**

Medical Records Department employees have for the most part been deemed not to be BOC employees, but rather Hospital clerical employees. *Rhode Island Hospital*, 313 NLRB 343, 363 (1993); *St. Catherine Hospital of Dominican Sisters of Kenosha*, 217 NLRB 787, 789 (1975). The record evidence is insufficient to establish that the above Medical Records employees share a sufficient community of interest with the BOCs. It is the judgment of the undersigned that the above Medical Records employees share a community of interest with the petitioned for non-professional employees. Accordingly, the Medical Records Clerk, Clerk (Statistician), Assembler/Analyst, Incomplete Records Processor, Correspondence Clerk, Technician (Coder) and DRG Coordinator shall be included in the petitioned for unit.

Although, the employees at issue here deal with Medicaid, Medicare and other insurance reimbursements, they have little to no contact with the traditionally recognized BOCs such as accounts payable, accounts receivable and payroll. The Medical Records Department is located on the first floor of the Hospital, along with other departments such as Admissions, Radiology, Laboratories, Emergency Room, and the Pharmacy, that contain non-professional employees whom the parties stipulated should be included in the unit. In contrast, employees that are part of the business office work outside the Hospital. Further, Gloria Hardin, Vice President of Professional Services, supervises the employees in the Medical Records Department. In addition, Hardin supervises the Dietary Department employees, who the parties stipulated were appropriately included in the petitioned for unit. By contrast, the traditional BOCs are supervised by the Chief Financial Officer, Nelson Vasquez.

In addition, unlike the cases cited by the Employer, the employees at issue deal largely with patient medical records and continuously exchange information with employees dealing directly with patient care, such as physicians, nurses and technicians. See *Rhode Island Hospital*, 313 NLRB at 363. Finally, the Medical Records Clerk, Clerk (Statistician), Assembler/Analyst and Incomplete Records Processor were hired based upon non-clerical qualifications such as knowledge of medical terminology. See *Sisters of St. Joseph of Peace*, 217 NLRB 797, 798 (1975). Accordingly, the Medical Records Clerks, Clerks (Statistician), Assemblers/Analysts, Incomplete Records Processors, Correspondence Clerks, Technicians (Coder) and DRG Coordinators shall be included in the larger petitioned for non-professional bargaining unit.

**2. Radiology Clerks, Secretary and Transcriptionists**

It is the judgment of the undersigned that the Radiology Clerks, Secretary and Transcriptionists share a community of interest with the petitioned for non-professional employees and that the record evidence is insufficient to exclude them from the unit as BOCs. Accordingly, they shall be included in the petitioned for unit.

The parties have stipulated that the following employees in the Radiology Department are appropriately within the petitioned for unit: Special Procedures Technician, Radiology Technician, Ultrasound Technician, Orderlies/Transporter and Radiology Registrar. The parties did not stipulate that any employees in the Radiology Department were excluded as BOCs. The Radiology Clerks, Secretary and Transcriptionist share the same department and office as the above-mentioned Radiology employees. The Director of Imagery and Laboratory Services supervises all non-professional employees in the Radiology Department. The Director of Imagery and Laboratory Services also supervises the Medical Laboratory Technicians and Clerk Phlebotomists, whom the parties have agreed are within the petitioned for unit. In addition, the Radiology Clerks, Secretary and Transcriptionists work with and continuously exchange information with employees who deal directly with patients such as physicians, nurses and Radiology Technicians. See *Rhode Island Hospital* 313 NLRB at 362. In fact, when covering for the Radiology Registrar or aiding the Radiology Technicians, the Radiology Clerks deal directly with patients. In contrast, there is no evidence on the record that the Radiology Clerks, Secretary and Transcriptionists have any interaction with the Hospital's BOCs. Because of their location within the same department, common supervision, and greater degree of interaction with included employees, I find the Radiology Clerks, Secretary and Transcriptionist to have a significant community of interest with unit employees and will include them in unit found appropriate.

### **3. Switchboard Operators and Lead Switchboard Operator**

The Board traditionally finds that Switchboard Operators are BOCs. *St. Catherine's Hospital of Dominican Sister of Kenosha*, 217 NLRB 787, 798 (1975); *St Francis Hospital*, 219 NLRB 963, 964 (1975); *Duke University*, 226 NLRB 470, 471 (1976). The Petitioner urges an alternative finding. In the instant case, the record supports a finding that Switchboard Operators are not BOC's. Rather, the undersigned finds that the Switchboard Operators share a community of interest with the petitioned for non-professional employees. Accordingly, they shall be included in the petitioned for unit.

Switchboard Operators do not handle finances, billing, Medicaid, Medicare, or insurance reimbursement. Rather, the overwhelming majority of their time is spent answering and screening calls. The Switchboard Operators are located in an office in the first floor lobby of the Hospital. Their offices are not physically isolated from the other non-professional in the Hospital, as described in the Board's health care rule making. See 284 NLRB 1563. Rather their office maintains a glass partition open to the public, visitors and vendors. Although the public is required to obtain a pass from the Security Desk directly in front of the Hospital entrance, the evidence tends to show that the Switchboard Operators directly aid an average of ten patients and visitors a shift by providing directions and placing phone calls. Further, like the Dietary or Environmental Service Workers they have no patient care responsibilities. See *Lincoln Park Nursing Home*, 318 NLRB 1160 at 1165.

Also, although interaction with other non-professionals is limited, this, in itself, does not preclude them from being in the unit. *Lincoln Park Nursing Home*, 318 NLRB

1160, 1165 (1995). In addition, the record shows that they regularly hand out paychecks to the housekeeping staff, and receive outgoing mail. Further, the Admitting Service Representatives, stipulated as appropriately within the unit, take over Switchboard Operators duties on breaks and after hours. Finally, the Director of Management Services, who reports to the Vice President of Professional Services, supervises the Switchboard Operators.

In contrast, the Hospital's BOCs report to the Chief Financial Officer. Although the Switchboard Operators share a partitioned room with two BOCs, there is no evidence of any business related interaction with them or any of the other Hospital's BOCs. Because the switchboard operators here have a greater degree of interaction with other non-professional employees than was present in the cases cited above, I would include them in the unit found appropriate herein.

## **B. SUPERVISORY STATUS**

Section 2(11) of the National Labor Relations Act sets for the test to determine supervisory status. It defines supervisor as:

[A]ny individual having authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline employees, or responsibly direct them, or to adjust their grievances, or effectively to recommend such action, if in connection with the foregoing, the exercise of such authority is of a not merely routine or clerical nature, but requires the use of independent judgment.

The exercise of any one of these types of authority is sufficient to confer supervisory status; however, it is well settled that such authority must be exercised "with independent judgment on behalf of management and not in a routine or sporadic manner" (Citation omitted), *International Center for Integrative Studies/The Door*, 297 NLRB 601 (1990). The exercise of some supervisory authority "in merely routine, clerical, perfunctory or sporadic manner does not confer supervisory status on an employee." (Citation omitted). *Browne of Houston, Inc.* 280 NLRB 1222, 1223 (1986); *Clark Machine Corp.*, 308 NLRB 555 (1992). In each case, the differentiation must be made between the exercise of independent judgment and the routine following of directions; between effective recommendation and the forceful suggestion; and between the appearance of supervision and supervision in fact. See *Chevron Shipping Co.*, 317 NLRB 379 (1995); *J.C. Brock Corp.*, 314 NLRB 157 (1994).

The burden of demonstrating supervisory status rest on the party seeking to establish that status. *NLRB v. Kentucky River Community Care, Inc.*, 532 U.S. 706 (2001); *Alois Box. Co.*, 326 NLRB 1177 (1998). Moreover, in the event that "the evidence is in conflict or otherwise inconclusive on particular indicia of supervisory authority, [the Board] will find that supervisory status has not been established at least on the basis of those indicia." *Phelps Community Medical Center*, 295 NLRB 486, 490 (1989). Conclusionary evidence regarding the possession of section 2(11) indicia, whether the evidence is contained in job descriptions, *Crittendon Hospital*, 328 NLRB 879 (1999), or testimony, *Sears Roebuck & Co.*, 304 NLRB 193 (1991), is insufficient to establish supervisory status. Thus, where there exists general conclusionary evidence

that individuals are responsible for supervising, directing, or instructing others, such evidence, standing alone, is deemed insufficient to prove supervisory status because it does not shed light on exactly what is meant by such general words or whether an individual engaging in those activities is required to exercise independent judgment.

### **1. Lead Switchboard Operator**

Applying the above principles to the instant case, it is the opinion of the undersigned that the record herein fails to establish that the Lead Switchboard Operator exercises the required independent judgment. Therefore, I have included the Lead Switchboard Operator in the unit found appropriate.

There is no evidence that the Lead Switchboard Operator, Anderson, has the authority to hire, fire, recall, promote, reward, discipline or make evaluation recommendations. The Employer urges that the Lead Switchboard Operator has the authority to send an employee home in acts of egregious misconduct. However, there is no evidence that this has ever occurred. Johnson testified that the Lead Switchboard Operator is not authorized to issue any formal discipline, including verbal discipline. Although verbal discipline has issued in the past, Johnson testified that the only role that Anderson had in respect to the process was to inform her if the employee violated that policy again. Further, Johnson testified that in the event a disciplinary issue arose, an independent investigation would be conducted. Likewise, although Johnson stated that the recommendation of the Lead Switchboard Operator would have significant impact, there is no evidence that evaluations have been conducted since Johnson began. Nor is there any evidence that the Anderson has ever made a recommendation regarding a Switchboard Operator's evaluation in the past.

The Employer next urges that the Lead Switchboard Operator assigns work by creating the employee schedule and handling any changes to that schedule once created. The evidence tends to show that there are three Switchboard Operators. There are three Switchboard Operators shifts a day. With the inclusion of the Lead Switchboard Operator, the schedule can be altered only minimally. The record tends to show that both Anderson and Coachmen work the same shifts each week. In addition, holidays and vacations are assigned on a rotating basis. Thus, the schedule is fairly fixed. Johnson must approve any change to the holiday/vacation schedule. Finally, Johnson testified that if a conflict arose between two Switchboard Operators in regards to requested days off or vacation, she would resolve it. Thus the evidence shows that Anderson's scheduling tasks amount to no more than routine clerical tasks. *Providence Hospital*, 320 NLRB 317, 731 (1996) enfd. sub. non. *Providence Alaska Medical Center v. NLRB*, 121 F. 3d 548 (9<sup>th</sup> Cir. 1997).

The Employer finally urges that in the event a Switchboard Operator is absent, the Lead Switchboard Operator has the authority to call in other staff and authorize overtime to fill in. There is no evidence that anyone would contact Anderson if the third shift Switchboard Operator did not arrive. In addition, in the event that the second shift Switchboard Operator did not arrive, there are only two other employees that Anderson could call. As overtime is voluntary, Anderson could not direct them to come in. However, again, there is no evidence that Anderson has ever authorized overtime. Coachman testified that in the past Hanicits, whom Johnson replaced, not Anderson,



called her in to work and authorized her overtime. Finally, even assuming that Anderson did have the authority to call employees in when not scheduled and/or approve overtime, the Board has held that this falls short of establishing supervisory authority. *Lynwood Health Care Center, Minnesota Inc. v. NLRB*, 148 F.3d 1042 (8<sup>th</sup> Cir. 1998); *Providence Hospital*, 320 NLRB 717, 732 (1996) enf. sub. non. *Providence Alaska Medical Center v. NLRB*, 121 F.3d 548 (9<sup>th</sup> Cir. 1997).

Based on the evidence presented, it appears that Anderson's scheduling duties are routine in nature. Although it is clear that Anderson creates the schedule to accommodate the preferences of the Switchboard Operators, holidays, and meetings, there is no showing that Anderson exercises independent judgment in performing that task. I will include Anderson in the unit found appropriate therein.

## **2. Lead Environmental Service Worker**

There is one Lead Environmental Service Worker at issue, Donald Coleman. Thompson's testimony regarding the duties and responsibilities of the Lead Environmental Service Workers was, on the whole, conclusionary. Thompson's initial testimony regarding the Lead Environmental Service workers indicated that they have the authority to discipline, evaluate and direct work. However, as the testimony progressed, it was revealed that, in fact, Annie Hoskins who is has sole authority over the ESWs on weekends, arguably possesses these supervisory indicia, while Lyons, who works his night shift alone, possesses none. It is difficult to discern, based only upon Thompson's testimony regarding the three LESWs, whether Coleman possesses any supervisory indicia. Unfortunately, neither the Director of Plant Operations nor Environmental Service Supervisor offered testimony to clarify matters. As the Employer failed to establish the exercise of any of the supervisory indicia in Section 2(11) with independent judgment, it had not met its burden to establish supervisory status under these circumstances; I cannot find that the Lead Environmental Worker Coleman is a supervisor.

The record shows that the majority of Coleman's shift time is shared with the ranking supervisor. The evidence does not indicate whether from the hours of 6 a.m. from 9-10 a.m., Coleman has the authority to call employees in and/or approve overtime. Even assuming that Coleman did have the authority to call employees in when not scheduled and/or approve overtime, the Board has held that this falls short of establishing supervisory authority. *Providence Hospital*, 320 NLRB 717 at 732. Likewise, the record is unclear as to whether Coleman would be responsible for reassigning ESWs or prioritizing their work in the event of a staff shortage during those hours, rather than simply waiting for Champaign to arrive.

In addition, although Thompson testified that LESWs have the authority to discipline, evaluate and participate in the hiring process, the evidence does not support a finding that Coleman has engaged in these actions. Thompson was not aware of Coleman ever taking any disciplinary actions. Likewise, the Director of Plant Operations, Hanicits, signs off on all ESW evaluations. Thompson stated that Hanicits relies on information provided by Champaign, Hoskins, and Coleman to complete the evaluations. However, Coleman works only with employees who are supervised by Champaign as well. Given that circumstance and the fact that neither Champaign nor

Hanicits testified, it is unclear what weight is given to Coleman's recommendation, if Coleman actually makes a recommendation. Finally, when asked whether the LESWs participate in the interview process, Thompson replied that it could happen. However, there is no evidence that Coleman has participated in the hiring process. Further, if he has participated, it is unclear to what extent. Based on the above, I will include Coleman in the unit found appropriate herein.

### **3. Lead Dietary Worker**

There are two LDWs at issue, Stallsworth and Moore. The Director of Nutritional Services heads the Dietary Department. In addition, there are two Dietary Supervisors. Again Thompson was the Employer's sole witness in support of their contention that the LDWs are Section 2(11) supervisors under the Act. Again, the majority of Thompson's testimony was conclusionary. It is the burden of the party seeking to establish supervisory status to show evidence not only of one of the twelve indicia, but also show that the exercise of the authority requires the use of independent judgment. The Employer was unable to show that the LDWs exercise any of the supervisory indicia in Section 2(11) with independent judgment. Accordingly, I cannot find that the LDWs are supervisors. Therefore, I have included them within the unit found appropriate.

There is no evidence that the LDWs can hire, fire, transfer, suspend, lay off, recall, promote, discharge, reward or discipline employees, or effectively recommend such action. Although the Thompson recalled an incident in which a LDW sent two Dietary Workers home for fighting, Thompson could not state whether LDW made this decision independently. In addition, Thompson testified that the LDWs have the authority to recommend discipline, and participate in the hiring and evaluation process. However, there is no evidence regarding the weight of this recommendation.

The Employer argued that the LDWs have the authority to call in employees and authorize overtime when necessary. Thompson testified that the LDW would determine whether there is a shortage and if so, call employees in to cover. If need be, Thompson testified, the LDW can authorize overtime. However, there is no evidence showing how overtime or additional staffing needs are determined. Accordingly, the Employer has failed to show independent judgment. *Crittenton Hospital*, 328 NLRB 879 (1999). In addition, the Board has held that the seeking of off duty volunteers to help out when the facility is short-staffed falls short of showing supervisory authority. *Providence Hospital*, 320 NLRB at 732.

Finally, the Employer argued that the LDWs have the authority to assign and direct work. The Director of Department of Nutritional Services, Nealy, drafts the schedules of the Dietary Workers. The schedule lists both the employees' shift and the station. Thompson conceded that the employees' shift and station would not change unless an employee did not arrive for their shift. Thompson testified that the duty to reassign employees would first fall to the Supervisor on duty. If no other supervisor were on duty at the time, Thompson stated that the LDW would reassign employees to cover the missing employee. Thompson testified that in the event of an absence, the station is filled by a Dietary Worker who has performed that job before. However, the record is absent as to how often a LDW would be called upon to handle this situation. In addition, there is no evidence on the record as to how many stations there are or what skills are

required for each station. Accordingly, the record does not support the conclusion that the LDWs assignment of work in this circumstance requires any independent judgment. Nor has the Employer shown that the LDWs demonstrate independent judgment in the exercise of their other duties. Rather, the evidence indicates that the LDWs duties involve routine decisions typical of a leadmens position not found to be statutory supervisors. *S.D.I. Operating Partners, L.P.* 321 NLRB 111 (1996). I will include the LDWs in the unit found appropriate herein.

### **C. MIXED UNITS-OPERATING ENGINEERS**

The petitioner has petitioned for a mixed unit of all technical, skilled maintenance and non-professional employees, excluding business office clericals. The Health Care Rule specifies that a mixed unit sought by a labor organization may be appropriate. 284 NLRB 1597. The Board counseled that some mixed units are presumptively appropriate such as all non-professional employees. *Id.* at 1573. However, in most circumstances, the determination as to whether a mixed unit is appropriate must be decided through adjudication. *Id.* As the petitioned for unit does not fall under any of the Board's specified exceptions, the Petitioner bears the burden of showing that the petitioned for combined unit is appropriate. However, since neither party contends that any particular classification falls under the technical unit, I will not address whether a mixed unit of technical and non-professional employees would be appropriate in the instant case.

As to the issue whether a combined unit of non-professional and skilled maintenance employees is appropriate, the Petitioner has failed to present sufficient evidence to warrant a finding that such a unit would be appropriate. The only work classification on the record that may be skilled maintenance employees are the six operating engineers, whom the Employer contends are skilled maintenance employees. The Petitioner did not stipulate to this fact on the record. But there is virtually no evidence on the record regarding the Operating Engineers' terms and conditions of employment. Thus, the record is insufficient evidence to determine which unit the Operating Engineers would appropriately be included in. Accordingly skilled maintenance employees (Operating Engineers) will be excluded from the petitioned for unit.

### **D. REGISTRY EMPLOYEES**

The Petitioner and the Employer stipulated that only those registry employees who met the requisite test for hours worked shall be eligible to vote. Under the Board's longstanding and widely used test for voter eligibility in these circumstances, an on-call employee is found to have a sufficient regularity of employment to demonstrate a community of interest with unit employees if the employee regularly averages four (4) or more hours of work per week for the last quarter prior to the eligibility date. *Sisters of Mercy Health Corp.*, 298 NLRB 483, 484 (1990); *Davidson-Paxton Co.*, 185 NLRB 21, 24 (1970). Although no single eligibility formula must be used in all cases, the *Davidson-Paxton* formula is the one most frequently used, absent a showing of special circumstances. *Trump Taj Mahal Casino*, 360 NLRB 294, 295 (1992). Neither party presented any special circumstances.

5/ The parties filed a joint motion to add an exhibit to the record to correct an error in a stipulation. The parties had agreed to the inclusion of Licensed Nurse Practitioners. The motion and exhibit would correct that stipulation to include Licensed practical Nurses, and exclude Licensed Nurse Practitioners. I hereby grant that motion.

There are approximately 220 employees in the unit found appropriate herein.

177-8501, 177-8520, 177-8560  
470-0000

Unit-Health Care  
Voter Elig-Statutry Exclusion-Sups, Guard